

Fill in this information to identify your case and this filing:

Debtor 1	<b>Isaac Arnold Sissell</b>	
	First Name	Middle Name
Debtor 2	<b>Krista Ann Sissell</b>	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF MICHIGAN, GRAND RAPIDS DIVISION</u>		
Case number	<u>19-00970</u>	

Check if this is an amended filing

**Official Form 106A/B****Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

No. Go to Part 2.  
 Yes. Where is the property?

1.1

**1227 190th Ave**

Street address, if available, or other description

<b>Morley</b>	<b>MI</b>	<b>49336-8702</b>
City	State	ZIP Code

**Mecosta**

County

**What is the property? Check all that apply**

Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<b>\$180,000.00</b>	<b>\$180,000.00</b>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Husband and Wife**

Check if this is community property  
 (see instructions)

**Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**PPN: 54-13-026-020-200****2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>****\$180,000.00****Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1  
Debtor 2

Sissell, Isaac Arnold &amp; Sissell, Krista Ann

Case number (if known) 19-00970

## 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No  
 Yes

3.1 Make: <b>Chrysler</b>	Who has an interest in the property? Check one	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <b>Town and Country/Voyager/Grand</b>	<input type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year: <b>2008</b>	<input type="checkbox"/> Debtor 2 only	\$200.00	
Approximate mileage: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only	\$200.00	
Other information: <b>VIN: 2A8HR54P48R823036; Progressive Ins.</b>	<input checked="" type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this is community property (see instructions)		
3.2 Make: <b>Ford</b>	Who has an interest in the property? Check one	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <b>F150 Pickup 2WD</b>	<input type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year: <b>2001</b>	<input type="checkbox"/> Debtor 2 only	\$500.00	
Approximate mileage: _____	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	\$500.00	
Other information: <b>VIN: 1FTNX21L21ED11133; Progressive Ins</b>	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this is community property (see instructions)		

## 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=&gt;

\$700.00

## Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

## 6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No  
 Yes. Describe.....

**Household goods and furnishings - no one item valued greater than \$600.00**

\$1,250.00

## 7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No  
 Yes. Describe.....

**TVs and computer**

\$1,000.00

## 8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No



Debtor 1  
Debtor 2

Sissell, Isaac Arnold &amp; Sissell, Krista Ann

Case number (if known) 19-00970

17.3. Checking Account	Fifth Third Bank Account ending 9549	\$0.73
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**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes. ....

Institution name or individual:

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

Debtor 1 **Sissell, Isaac Arnold & Sissell, Krista Ann**  
Debtor 2 \_\_\_\_\_Case number (if known) **19-00970****28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**Anticipated 2018 tax refunds****Federal****\$6,388.00****29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

**\$6,407.73****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.

Debtor 1  
Debtor 2

Sissell, Isaac Arnold &amp; Sissell, Krista Ann

Case number (if known) 19-00970

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.....**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

\$0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....		\$180,000.00
56. Part 2: Total vehicles, line 5	\$700.00	
57. Part 3: Total personal and household items, line 15	\$3,050.00	
58. Part 4: Total financial assets, line 36	\$6,407.73	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$10,157.73	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$190,157.73

## Fill in this information to identify your case:

Debtor 1	<b>Isaac Arnold Sissell</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN, GRAND RAPIDS DIVISION		
Case number (if known)	<u>19-00970</u>		

Check if this is an amended filing

## Official Form 106C

**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

## 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	

**Debtor 1 Exemptions**

**Chrysler** \$200.00  \$100.00 **11 USC § 522(d)(5)**  
**Town and Country/Voyager/Grand**  
**Voy. 2WD**  
**2008**

Line from *Schedule A/B*: 3.1

**Ford** \$500.00  \$250.00 **11 USC § 522(d)(2)**  
**F150 Pickup 2WD**  
**2001**

Line from *Schedule A/B*: 3.2

**Household goods and furnishings -**  
**no one item valued greater than**  
**\$600.00** \$1,250.00  \$625.00 **11 USC § 522(d)(3)**  
Line from *Schedule A/B*: 6.1

**TVs and computer** \$1,000.00  \$500.00 **11 USC § 522(d)(3)**  
Line from *Schedule A/B*: 7.1

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
<b>Ruger 9 mm - \$200.00; Remington 12 ga - \$200.00</b> Line from <i>Schedule A/B</i> : <b>10.1</b>	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(d)(5)</b>
<b>Clothing</b> Line from <i>Schedule A/B</i> : <b>11.1</b>	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(d)(3)</b>
<b>West Michigan Credit Union Account ending 5080</b> Line from <i>Schedule A/B</i> : <b>17.1</b>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$2.50</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(d)(5)</b>
<b>West Michigan Credit Union Account ending 5080</b> Line from <i>Schedule A/B</i> : <b>17.2</b>	<u>\$14.00</u>	<input checked="" type="checkbox"/> <u>\$7.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(d)(5)</b>
<b>Fifth Third Bank Account ending 9549</b> Line from <i>Schedule A/B</i> : <b>17.3</b>	<u>\$0.73</u>	<input checked="" type="checkbox"/> <u>\$0.73</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(d)(5)</b>
<b>Anticipated 2018 tax refunds</b> Line from <i>Schedule A/B</i> : <b>28.1</b>	<u>\$6,388.00</u>	<input checked="" type="checkbox"/> <u>\$3,194.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(d)(5)</b>

**3. Are you claiming a homestead exemption of more than \$170,350**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

## Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Krista Ann Sissell</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN, GRAND RAPIDS DIVISION		
Case number (if known)	<b>19-00970</b>		

Check if this is an amended filing

## Official Form 106C

**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	

**Debtor 2 Exemptions**

Chrysler Town and Country/Voyager/Grand Voy. 2WD 2008 Line from <i>Schedule A/B</i> : 3.1	\$200.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
Ford F150 Pickup 2WD 2001 Line from <i>Schedule A/B</i> : 3.2	\$500.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(2)
Household goods and furnishings - no one item valued greater than \$600.00 Line from <i>Schedule A/B</i> : 6.1	\$1,250.00	<input checked="" type="checkbox"/> \$625.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
TVs and computer Line from <i>Schedule A/B</i> : 7.1	\$1,000.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
<b>Ruger 9 mm - \$200.00; Remington 12 ga - \$200.00</b> Line from <i>Schedule A/B</i> : <b>10.1</b>	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(d)(5)</b>
<b>Clothing</b> Line from <i>Schedule A/B</i> : <b>11.1</b>	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(d)(3)</b>
<b>West Michigan Credit Union Account ending 5080</b> Line from <i>Schedule A/B</i> : <b>17.1</b>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$2.50</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(d)(5)</b>
<b>West Michigan Credit Union Account ending 5080</b> Line from <i>Schedule A/B</i> : <b>17.2</b>	<u>\$14.00</u>	<input checked="" type="checkbox"/> <u>\$7.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(d)(5)</b>
<b>Anticipated 2018 tax refunds</b> Line from <i>Schedule A/B</i> : <b>28.1</b>	<u>\$6,388.00</u>	<input checked="" type="checkbox"/> <u>\$3,194.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(d)(5)</b>

3. **Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

## Fill in this information to identify your case:

Debtor 1	<b>Isaac Arnold Sissell</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Krista Ann Sissell</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN, GRAND RAPIDS DIVISION		
Case number (if known)	<b>19-00970</b>		

Check if this is an amended filing

## Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
<b>2.1</b> <b>Selene Finance</b> Creditor's Name	<b>1227 190th Ave, Morley, MI 49336-8702 PPN: 54-13-026-020-200</b>	<b>\$192,220.00</b>	<b>\$180,000.00</b>	<b>\$12,220.00</b>
<b>9990 Richmond Ave Ste 400 Houston, TX 77042-4546</b> Number, Street, City, State & Zip Code				

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) **First Mortgage**

Date debt was incurred **06/15/2007**Last 4 digits of account number **3516**

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here:**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/> Name, Number, Street, City, State & Zip Code <b>Selene Finance PO Box 422039 Houston, TX 77242-4239</b>	On which line in Part 1 did you enter the creditor? <b>2.1</b>
	Last 4 digits of account number <b>3516</b>

Debtor 1	<b>Isaac Arnold Sissell</b>			Case number (if known)	<b>19-00970</b>
	First Name	Middle Name	Last Name		
Debtor 2	<b>Krista Ann Sissell</b>				
	First Name	Middle Name	Last Name		

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<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code	On which line in Part 1 did you enter the creditor? <u>2.1</u>
	<b>Trott Law</b> <b>31440 Northwestern Hwy Ste 200</b> <b>Farming Hills, MI 48334-5422</b>	Last 4 digits of account number <u>3516</u>

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Fill in this information to identify your case:

Debtor 1	<b>Isaac Arnold Sissell</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Krista Ann Sissell</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN, GRAND RAPIDS <u>DIVISION</u>		
Case number (if known)	<u>19-00970</u>		

Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<b>Internal Revenue Service</b> Priority Creditor's Name <b>Centralized Insolvency Operations</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code	Last 4 digits of account number <u>4513</u>	<u>\$8,896.00</u>	<u>\$8,896.00</u>	<u>\$0.00</u>
		When was the debt incurred?	<u>2019</u>		
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify <u>2016 Personal Taxes</u>					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt <input checked="" type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

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<div style="border: 1px solid black; padding: 2px;">2.2</div> <p><b>State of Michigan</b> Priority Creditor's Name <b>Michigan Dept. of Treasury</b> <b>PO Box 30199</b> <b>Lansing, MI 48909-7699</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3256</u>      <u>\$2,884.16</u>      <u>\$2,884.16</u>      <u>\$0.00</u></p> <p>When was the debt incurred? <u>10/24/2018</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations  <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify _____</p> <p style="text-align: center;"><b>Tax lien</b></p>
<div style="border: 1px solid black; padding: 2px; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <p><b>State of Michigan Office Child Support</b> Priority Creditor's Name</p> <p><b>PO Box 30478</b> <b>Lansing, MI 48909-7978</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> </div> </div>	
<p>Last 4 digits of account number <u>0045</u>      <u>\$10,718.39</u>      <u>\$10,718.09</u>      <u>\$0.30</u></p> <p>When was the debt incurred? <u>2004 - 2019</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Domestic support obligations  <input type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify _____</p> <p style="text-align: center;"><b>Child support</b></p>	
<div style="border: 1px solid black; padding: 2px; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <p><b>State of Michigan Office Child Support</b> Priority Creditor's Name</p> <p><b>PO Box 30478</b> <b>Lansing, MI 48909-7978</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> </div> </div>	
<p>Last 4 digits of account number <u>0045</u>      <u>\$6,773.31</u>      <u>\$6,773.31</u>      <u>\$0.00</u></p> <p>When was the debt incurred? <u>1999 - 2019</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Domestic support obligations  <input type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify _____</p> <p style="text-align: center;"><b>Child support</b></p>	

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2.5	<b>State of Michigan Office Child Support</b> Priority Creditor's Name	Last 4 digits of account number	<u>0045</u>	\$6,717.10	\$6,717.10	\$0.00
	<b>PO Box 30478 Lansing, MI 48909-7978</b> Number Street City State Zip Code	When was the debt incurred?	<u>2009 - 2019</u>			
<b>As of the date you file, the claim is:</b> Check all that apply						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
<b>Type of PRIORITY unsecured claim:</b>						
<input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____						
<b>Child support</b>						

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?** No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	<b>ADT</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>Total claim</b>			
			<u>\$1,101.05</u>			
<b>3190 S Vaughn Way Aurora, CO 80014-3512</b> Number Street City State Zip Code						
<b>Who incurred the debt?</b> Check one.						
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another						
<b>Check if this claim is for a community debt</b>						
<b>Is the claim subject to offset?</b>						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
<b>As of the date you file, the claim is:</b> Check all that apply						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
<b>Type of NONPRIORITY unsecured claim:</b>						
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Security services</u>						

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4.2	<b>Advanced Radiology Services PC</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>8238</u>	\$332.00
		When was the debt incurred?	<u>2013</u>	
	<p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans  <input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u></p>			
4.3	<b>Advanced Radiology Services PC</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>1708</u>	\$242.00
		When was the debt incurred?	<u>2015</u>	
	<p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans  <input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u></p>			
4.4	<b>Advanced Radiology Services PC</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>7912</u>	\$173.00
		When was the debt incurred?	<u>2013</u>	
	<p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans  <input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u></p>			

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4.5	<b>AT&amp;T Mobility</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>5096</u>	\$2,955.00
		When was the debt incurred?	<u>2018</u>	
	<p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u></p>			
4.6	<b>Carmens Daycare and Learning</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>74SC</u>	\$2,404.00
		When was the debt incurred?	<u>02/16/2016</u>	
	<p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent  <input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Judgment</u></p>			
4.7	<b>Check into Cash</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>5626</u>	\$676.00
		When was the debt incurred?	<u>2018</u>	
	<p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Loan</u></p>			

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4.8	<b>Chemical Bank</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>\$633.30</b>
	<b>333 E Main St</b> <b>Midland, MI 48640-6511</b>	When was the debt incurred?	<b>2018</b>
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	<b>Who incurred the debt?</b> Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	
	<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b>	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Loan</b>	
4.9	<b>Chemical Bank</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>\$879.74</b>
	<b>333 E Main St</b> <b>Midland, MI 48640-6511</b>	When was the debt incurred?	<b>2018</b>
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	<b>Who incurred the debt?</b> Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	
	<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b>	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Loan</b>	
4.10	<b>Coffessco Fire Protection</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>\$1,855.54</b>
	<b>411 Ottawa St</b> <b>Muskegon, MI 49442-1012</b>	When was the debt incurred?	<b>2018</b>
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	<b>Who incurred the debt?</b> Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	
	<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Type of NONPRIORITY unsecured claim:</b>	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Services rendered</b>	

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4.11	<p><b>Consumers Energy</b> Nonpriority Creditor's Name</p> <p><b>PO Box 740309</b> <b>Cincinnati, OH 45274-0309</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>2018</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Utilities</b></p>	\$253.55
4.12	<p><b>Credit Acceptance Corp</b> Nonpriority Creditor's Name</p> <p><b>PO Box 5070</b> <b>Southfield, MI 48086-5070</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>5152</b></p> <p><b>When was the debt incurred?</b></p> <p><b>2016</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Deficiency balance</b></p>	\$5,887.41
4.13	<p><b>DTE</b> Nonpriority Creditor's Name</p> <p><b>444 Wealthy St SW</b> <b>Grand Rapids, MI 49503-4023</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>99SC</b></p> <p><b>When was the debt incurred?</b></p> <p><b>05/17/2016</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Judgment</b></p>	\$1,106.00

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<div style="border: 1px solid black; padding: 2px;">4.14</div>	<b>DTE Energy</b> Nonpriority Creditor's Name	Last 4 digits of account number <u>0418</u> When was the debt incurred? <u>2018</u>
<b>923 Hastings St # 1009</b> <b>Traverse City, MI 49686-3442</b> Number Street City State Zip Code		
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>		
<b>As of the date you file, the claim is:</b> Check all that apply		

  

<div style="border: 1px solid black; padding: 2px;">4.15</div>	<b>Emergency Care Specialists-Big Rapids</b> Nonpriority Creditor's Name	Last 4 digits of account number <u>9182</u> When was the debt incurred? <u>2016</u>
<b>4100 Embassy Dr SE Ste 400</b> <b>Grand Rapids, MI 49546-2416</b> Number Street City State Zip Code		
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>		
<b>As of the date you file, the claim is:</b> Check all that apply		

  

<div style="border: 1px solid black; padding: 2px;">4.16</div>	<b>Emergency Care Specialists-Kelsey</b> Nonpriority Creditor's Name	Last 4 digits of account number <u>1809</u> When was the debt incurred? <u>2014</u>
<b>418 Washington St</b> <b>Lakeview, MI 48850-7102</b> Number Street City State Zip Code		
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>		
<b>As of the date you file, the claim is:</b> Check all that apply		

Debtor 1 Sissell, Isaac Arnold & Sissell, Krista Ann  
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4.17	<b>Huntington National Bank</b> Nonpriority Creditor's Name <b>Attn: GW2W21</b> <b>5555 Cleveland Ave</b> <b>Columbus, OH 43231-4048</b> Number Street City State Zip Code	Last 4 digits of account number _____  When was the debt incurred? <u>2018</u>	<b>\$386.71</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Loan</u> <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>As of the date you file, the claim is:</b> Check all that apply			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Loan</u> <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>As of the date you file, the claim is:</b> Check all that apply			
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Loan</u> <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			

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4.20	<b>Imaging Consultants PLLC</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>4320</u>	<b>\$76.00</b>
	<b>605 Oak St Big Rapids, MI 49307-2048</b>	When was the debt incurred?	<u>2014</u>	
	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>			
4.21	<b>Imaging Consultants, PLLC</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>4314</u>	<b>\$78.00</b>
	<b>605 Oak St Big Rapids, MI 49307-2048</b>	When was the debt incurred?	<u>2015</u>	
	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>			
4.22	<b>Imaging Consultants, PLLC</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>4315</u>	<b>\$59.00</b>
	<b>605 Oak St Big Rapids, MI 49307-2048</b>	When was the debt incurred?	<u>2015</u>	
	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>			

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4.23	<b>Imaging Consultants, PLLC</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>7338</u>	<b>\$30.00</b>
	<b>605 Oak St Big Rapids, MI 49307-2048</b> Number Street City State Zip Code	When was the debt incurred?	<u>2017</u>	
	As of the date you file, the claim is: Check all that apply			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Medical services</u> <input type="checkbox"/> Yes			
4.24	<b>Imaging Consultants, PLLC</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>8673</u>	<b>\$30.00</b>
	<b>605 Oak St Big Rapids, MI 49307-2048</b> Number Street City State Zip Code	When was the debt incurred?	<u>2017</u>	
	As of the date you file, the claim is: Check all that apply			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Medical services</u> <input type="checkbox"/> Yes			
4.25	<b>Jeffrey Williamson DO, PC</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>0810</u>	<b>\$180.00</b>
	<b>6785 Myers Lake Ave NE Rockford, MI 49341-7416</b> Number Street City State Zip Code	When was the debt incurred?	<u>2014</u>	
	As of the date you file, the claim is: Check all that apply			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Medical services</u> <input type="checkbox"/> Yes			

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4.26	<b>Marshall Music</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>3321</u>	\$189.00
	<b>3240 E Saginaw St Lansing, MI 48912-4714</b>	When was the debt incurred?	<u>2015</u>	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Purchase of merchandise</u>		
4.27	<b>Orbit Leasing Inc</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>00GC</u>	\$9,592.00
	<b>1515 28th St SW Grand Rapids, MI 49509-2707</b>	When was the debt incurred?	<u>07/18/2014</u>	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	<b>Who incurred the debt?</b> Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Judgment</u>		
4.28	<b>Progressive Michigan Insurance Co</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>1985</u>	\$479.00
	<b>6300 Wilson Mills Rd Mayfield, OH 44143-2109</b>	When was the debt incurred?	<u>2016</u>	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Past due premiums</u>		

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4.29	<b>Social Security Administration</b> <b>Office</b> Nonpriority Creditor's Name		Last 4 digits of account number	<u>75A0</u>	\$1,265.00
	<u>15510 Jamaica Ave</u> <u>Jamaica, NY 11432-3898</u>		When was the debt incurred?	<u>2013</u>	
	As of the date you file, the claim is: Check all that apply				
	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Type of NONPRIORITY unsecured claim:				
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
	<input checked="" type="checkbox"/> Other. Specify <u>Overpayment</u>				
4.30	<b>Spectrum Health</b> Nonpriority Creditor's Name		Last 4 digits of account number	<u>\$177.77</u>	
	<u>PO Box 88013</u> <u>Chicago, IL 60680-1013</u>		When was the debt incurred?	<u>2018</u>	
	As of the date you file, the claim is: Check all that apply				
	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Type of NONPRIORITY unsecured claim:				
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
	<input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>				
4.31	<b>Spectrum Health</b> Nonpriority Creditor's Name		Last 4 digits of account number	<u>\$667.72</u>	
	<u>PO Box 88013</u> <u>Chicago, IL 60680-1013</u>		When was the debt incurred?	<u>2018</u>	
	As of the date you file, the claim is: Check all that apply				
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	Type of NONPRIORITY unsecured claim:				
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
	<input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>				

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4.32	<b>Spectrum Health Big Rapids Hospital</b> Nonpriority Creditor's Name		Last 4 digits of account number	<u>7109</u>	\$237.00
	<b>605 Oak St Big Rapids, MI 49307-2048</b> Number Street City State Zip Code		When was the debt incurred?	<u>2017</u>	
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Medical services</u> <input type="checkbox"/> Yes					
4.33	<b>Sprint</b> Nonpriority Creditor's Name		Last 4 digits of account number	<u>\$7,554.28</u>	
	<b>PO Box 4191 Carol Stream, IL 60197-4191</b> Number Street City State Zip Code		When was the debt incurred?	<u>2018</u>	
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Utilities</u> <input type="checkbox"/> Yes					
4.34	<b>T-Mobile</b> Nonpriority Creditor's Name		Last 4 digits of account number	<u>5516</u>	\$180.00
	<b>PO Box 37380 Albuquerque, NM 87176-7380</b> Number Street City State Zip Code		When was the debt incurred?	<u>2018</u>	
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Utilities</u> <input type="checkbox"/> Yes					

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4.35	<b>Tempoe LLC</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>5397</u>	\$2,800.00
	<b>1750 Elm St # 1200 Manchester, NH 03104-2907</b> Number Street City State Zip Code	When was the debt incurred?	<u>2018</u>	
	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Purchase of merchandise</u>			
4.36	<b>TruCare Pharmacy</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>\$5,694.42</u>	
	<b>6140 28th St SE Grand Rapids, MI 49546-6938</b> Number Street City State Zip Code	When was the debt incurred?	<u>2018</u>	
	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>			
4.37	<b>US Dept of Education/Great Lakes</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>0675</u>	\$2,892.00
	<b>PO Box 4222 Iowa City, IA 52244-4222</b> Number Street City State Zip Code	When was the debt incurred?	<u>2009 - 2019</u>	
	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u>Student loan</u>			

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4.38	<b>US Dept of Education/Great Lakes</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>0740</u>	\$1,764.00
	<b>PO Box 4222 Iowa City, IA 52244-4222</b> Number Street City State Zip Code	When was the debt incurred?	<u>2009 - 2019</u>	
	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
	<b>Student loan</b>			
4.39	<b>Verizon Wireless</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>0001</u>	\$4,618.00
	<b>529 N Monroe Ave Green Bay, WI 54301-4909</b> Number Street City State Zip Code	When was the debt incurred?	<u>2016</u>	
	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Utilities</b>			
4.40	<b>Verizon Wireless</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>0001</u>	\$2,812.00
	<b>529 N Monroe Ave Green Bay, WI 54301-4909</b> Number Street City State Zip Code	When was the debt incurred?	<u>2016</u>	
	As of the date you file, the claim is: Check all that apply			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Utilities</b>			

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4.41	<b>Westbrook Recovery Center</b> Nonpriority Creditor's Name	Last 4 digits of account number	<u>\$12,840.00</u>
	<b>3210 Eagle Run Dr NE Ste 200 Grand Rapids, MI 49525-7051</b> Number Street City State Zip Code	When was the debt incurred?	<u>2018</u>
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>		

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Allied Collection Services**  
**Attn: Bankruptcy**  
**PO Box 1799**  
**Holland, MI 49422-1799**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one):       Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0810

Name and Address

**Cadillac Accounts Receivable**  
**Management**  
**1015 Wilcox St**  
**Cadillac, MI 49601-2527**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one):       Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4314

Name and Address

**Cadillac Accounts Receivable**  
**Management**  
**Attn: Bankruptcy**  
**PO Box 358**  
**Cadillac, MI 49601-0358**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one):       Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4314

Name and Address

**Cadillac Accounts Receivable**  
**Management**  
**Attn: Bankruptcy**  
**PO Box 358**  
**Cadillac, MI 49601-0358**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one):       Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4320

Name and Address

**Cadillac Accounts Receivable**  
**Management**  
**1015 Wilcox St**  
**Cadillac, MI 49601-2527**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one):       Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4320

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Sissell, Isaac Arnold & Sissell, Krista Ann**  
Debtor 2Case number (if known) **19-00970****Cadillac Accounts Receivable  
Management  
1015 Wilcox St  
Cadillac, MI 49601-2527**Line **4.22** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**4315**Name and Address  
**Cadillac Accounts Receivable  
Management  
Attn: Bankruptcy  
PO Box 358  
Cadillac, MI 49601-0358**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**4315**Name and Address  
**Cadillac Accounts Receivable  
Management  
1015 Wilcox St  
Cadillac, MI 49601-2527**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7338**Name and Address  
**Cadillac Accounts Receivable  
Management  
Attn: Bankruptcy  
PO Box 358  
Cadillac, MI 49601-0358**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7338**Name and Address  
**Cadillac Accounts Receivable  
Management  
Attn: Bankruptcy  
PO Box 358  
Cadillac, MI 49601-0358**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**8673**Name and Address  
**Cadillac Accounts Receivable  
Management  
1015 Wilcox St  
Cadillac, MI 49601-2527**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**8673**Name and Address  
**CBCS  
PO Box 185  
Columbus, OH 43216-0185**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7109**Name and Address  
**CBCS  
Attn: Bankruptcy  
PO Box 2334  
Columbus, OH 43216-2334**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7109**Name and Address  
**Credence Resource Management  
17000 Dallas Pkwy Ste 20  
Dallas, TX 75248-1938**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**5096**Name and Address  
**Credence Resource Management  
PO Box 2300  
Southgate, MI 48195-4300**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Sissell, Isaac Arnold & Sissell, Krista Ann  
Debtor 2Case number (if known) 19-00970Last 4 digits of account number **5096**

Name and Address  
**Credit Acceptance**  
**25505 W 12 Mile Rd Ste 3000**  
**Southfield, MI 48034-8331**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.12 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5152**

Name and Address  
**Enhanced Recovery Corp**  
**PO Box 57547**  
**Jacksonville, FL 32241-7547**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.34 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5516**

Name and Address  
**Enhanced Recovery Corp**  
**Attn: Bankruptcy**  
**8014 Bayberry Rd**  
**Jacksonville, FL 32256-7412**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.34 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5516**

Name and Address  
**Imaging Consultants, PLLC**  
**PO Box 186**  
**Grand Rapids, MI 49501-0186**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.21 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4314**

Name and Address  
**Imaging Consultants, PLLC**  
**PO Box 186**  
**Grand Rapids, MI 49501-0186**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.20 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4320**

Name and Address  
**Imaging Consultants, PLLC**  
**PO Box 186**  
**Grand Rapids, MI 49501-0186**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.22 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4315**

Name and Address  
**Imaging Consultants, PLLC**  
**PO Box 186**  
**Grand Rapids, MI 49501-0186**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.23 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7338**

Name and Address  
**Imaging Consultants, PLLC**  
**PO Box 186**  
**Grand Rapids, MI 49501-0186**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.24 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **8673**

Name and Address  
**Jeremy M. Chisholm, Esq.**  
**PO Box 173**  
**Byron Center, MI 49315-0173**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.27 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **00GC**

Name and Address  
**Marshall Music**  
**4555 Wilson Ave SW Ste 1**  
**Grandville, MI 49418-2370**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.26 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3321**

Name and Address  
**Melissa Kay Ryman**  
**7033 E 48th St**  
**Newaygo, MI 49337-9593**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 2.4 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Sissell, Isaac Arnold & Sissell, Krista Ann  
Debtor 2Case number (if known) 19-00970

Last 4 digits of account number

**0045**

## Name and Address

**Misty Jean Sissell**  
**23500 W South County Line Rd**  
**Sand Lake, MI 49343-9306**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.3 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0045**

## Name and Address

**Penn Credit Corporation**  
**916 S 14th St**  
**Harrisburg, PA 17104-3425**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0418**

## Name and Address

**Penn Credit Corporation**  
**Attn: Bankruptcy**  
**PO Box 988**  
**Harrisburg, PA 17108-0988**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0418**

## Name and Address

**Plaza Services, LLC**  
**110 Hammond Dr Ste 110**  
**Atlanta, GA 30328-4806**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**5626**

## Name and Address

**Receivable Management Services**  
**240 Emery St**  
**Bethlehem, PA 18015-1980**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**1985**

## Name and Address

**Receivable Management Services**  
**Attn: Bankruptcy**  
**4200 Cantera Dr Ste 211**  
**Warrenville, IL 60555-3040**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**1985**

## Name and Address

**Receivables Management Partners**  
**Attn: Bankruptcy**  
**PO Box 13129**  
**Lansing, MI 48901-3129**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**8238**

## Name and Address

**Receivables Management Partners**  
**Attn: Bankruptcy**  
**PO Box 13129**  
**Lansing, MI 48901-3129**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**9182**

## Name and Address

**Receivables Management Partners**  
**Attn: Bankruptcy**  
**PO Box 13129**  
**Lansing, MI 48901-3129**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**1708**

## Name and Address

**Receivables Management Partners**  
**Attn: Bankruptcy**  
**PO Box 13129**  
**Lansing, MI 48901-3129**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**1809**

Debtor 1 Sissell, Isaac Arnold & Sissell, Krista Ann  
Debtor 2 \_\_\_\_\_

Case number (if known)

19-00970

Name and Address <b>Receivables Management Partners (Rmp)</b> <b>Attn: Bankruptcy</b> <b>PO Box 13129</b> <b>Lansing, MI 48901-3129</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.4</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>7912</b>
Name and Address <b>RMP Services</b> <b>8155 Executive Ct</b> <b>Lansing, MI 48917-7774</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.2</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>8238</b>
Name and Address <b>RMP Services</b> <b>8155 Executive Ct</b> <b>Lansing, MI 48917-7774</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.15</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>9182</b>
Name and Address <b>RMP Services</b> <b>8155 Executive Ct</b> <b>Lansing, MI 48917-7774</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.3</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>1708</b>
Name and Address <b>RMP Services</b> <b>8155 Executive Ct</b> <b>Lansing, MI 48917-7774</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.16</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>1809</b>
Name and Address <b>RMP Services</b> <b>8155 Executive Ct</b> <b>Lansing, MI 48917-7774</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.4</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>7912</b>
Name and Address <b>Shannon Lyn Knight</b> <b>15885 Larsen Ave</b> <b>Gowen, MI 49326-9521</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.5</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>0045</b>
Name and Address <b>Social Security Administration</b> <b>Office of Regional Commissioner</b> <b>26 Federal Plz Rm 40-120</b> <b>New York, NY 10278-0004</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.29</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>75A0</b>
Name and Address <b>State of Michigan Office Child Support</b> <b>235 S Grand Ave Ofc</b> <b>Lansing, MI 48933-1805</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.3</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>0045</b>
Name and Address <b>State of Michigan Office Child Support</b> <b>PO Box 30037</b> <b>Lansing, MI 48909-7537</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.3</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>0045</b>
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Sissell, Isaac Arnold & Sissell, Krista Ann**  
Debtor 2Case number (if known) **19-00970****State of Michigan Office Child Support**  
PO Box 30037  
Lansing, MI 48909-7537Line 2.4 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0045**Name and Address  
**State of Michigan Office Child Support**  
235 S Grand Ave Ofc  
Lansing, MI 48933-1805

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.4 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0045**Name and Address  
**State of Michigan Office Child Support**  
PO Box 30037  
Lansing, MI 48909-7537

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.5 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0045**Name and Address  
**State of Michigan Office Child Support**  
235 S Grand Ave Ofc  
Lansing, MI 48933-1805

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.5 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0045**Name and Address  
**T-Mobile**  
**T-Mobile Bankruptcy Team**  
PO Box 53410  
Bellevue, WA 98015-3410

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.34 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**5516**Name and Address  
**US Department of Education**  
**ECMC/Bankruptcy**  
PO Box 16408  
Saint Paul, MN 55116-0408

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.37 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0675**Name and Address  
**US Department of Education**  
**ECMC/Bankruptcy**  
PO Box 16408  
Saint Paul, MN 55116-0408

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.38 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0740**Name and Address  
**Vance & Huffman LLC**  
**Attn: Bankruptcy**  
55 Monette Pkwy Ste 100  
Smithfield, VA 23430-2577

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.35 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**5397**Name and Address  
**Verizon Wireless**  
**Attn: Verizon Wireless Bankruptcy**  
Admini  
500 Technology Dr Ste 550  
Weldon Spring, MO 63304-2225

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.39 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0001**

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Sissell, Isaac Arnold & Sissell, Krista Ann**  
Debtor 2Case number (if known) **19-00970****Verizon Wireless**  
**Attn: Verizon Wireless Bankruptcy**  
**Admin**  
**500 Technology Dr Ste 550**  
**Weldon Spring, MO 63304-2225**Line **4.40** of (Check one): Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0001****Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

**Total claims from Part 1**

	<b>Total Claim</b>
6a. Domestic support obligations	\$ <b>24,208.80</b>
6b. Taxes and certain other debts you owe the government	\$ <b>11,780.16</b>
6c. Claims for death or personal injury while you were intoxicated	\$ <b>0.00</b>
6d. Other. Add all other priority unsecured claims. Write that amount here.	\$ <b>0.00</b>

6e. **Total Priority.** Add lines 6a through 6d.6e. \$ **35,988.96****Total claims from Part 2**

	<b>Total Claim</b>
6f. Student loans	\$ <b>4,656.00</b>
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	\$ <b>0.00</b>
6h. Debts to pension or profit-sharing plans, and other similar debts	\$ <b>0.00</b>
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	\$ <b>71,705.84</b>

6j. **Total Nonpriority.** Add lines 6f through 6i.6j. \$ **76,361.84**

## Fill in this information to identify your case:

Debtor 1	<b>Isaac Arnold Sissell</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Krista Ann Sissell</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN, GRAND RAPIDS DIVISION		
Case number (if known)	<b>19-00970</b>		

Check if this is an amended filing

## Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

	Person or company with whom you have the contract or lease		State what the contract or lease is for
	Name, Number, Street, City, State and ZIP Code		
2.1	Name Number Street City State ZIP Code		
2.2	Name Number Street City State ZIP Code		
2.3	Name Number Street City State ZIP Code		
2.4	Name Number Street City State ZIP Code		
2.5	Name Number Street City State ZIP Code		

Fill in this information to identify your case:		
Debtor 1	<b>Isaac Arnold Sissell</b>	
	First Name	Middle Name
Debtor 2	<b>Krista Ann Sissell</b>	
(Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN, GRAND RAPIDS DIVISION	
Case number (if known)	<b>19-00970</b>	

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**  
Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

3.1

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3.2

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>Isaac Arnold Sissell</u>
Debtor 2 (Spouse, if filing)	<u>Krista Ann Sissell</u>
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN, GRAND RAPIDS DIVISION
Case number (if known)	<u>19-00970</u>

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
Occupation	<u>Self employed</u>	
Employer's name	<u>Isaac Sissell d/b/a Graham Renovation</u>	
Employer's address	<u>8640 Northland Dr Stanwood, MI 49346-9063</u>	

How long employed there?

5 months

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>1,943.61</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>1,943.61</u>	\$ <u>0.00</u>

Debtor 1  
Debtor 2

Sissell, Isaac Arnold &amp; Sissell, Krista Ann

Case number (if known)

19-00970

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
<b>Copy line 4 here</b> .....	4. \$ <u>1,943.61</u>	\$ <u>0.00</u>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>0.00</u>	\$ <u>0.00</u>
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>0.00</u>
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>0.00</u>
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>0.00</u>
5e. Insurance	5e. \$ <u>0.00</u>	\$ <u>0.00</u>
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>0.00</u>
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>0.00</u>
5h. Other deductions. Specify: _____	5h. + \$ <u>0.00</u>	+ \$ <u>0.00</u>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <u>0.00</u>	\$ <u>0.00</u>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <u>1,943.61</u>	\$ <u>0.00</u>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm	8a. \$ <u>0.00</u>	\$ <u>0.00</u>
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. \$ <u>0.00</u>	\$ <u>0.00</u>
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>0.00</u>
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>0.00</u>
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____	8f. \$ <u>0.00</u>	\$ <u>0.00</u>
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>0.00</u>
8h. Other monthly income. Specify: _____	8h. + \$ <u>0.00</u>	+ \$ <u>0.00</u>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <u>0.00</u>	\$ <u>0.00</u>
<b>10. Calculate monthly income.</b> Add line 7 + line 9.	10. \$ <u>1,943.61</u>	+ \$ <u>0.00</u> = \$ <u>1,943.61</u>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$ <u>0.00</u>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.		
Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <u>1,943.61</u>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		
<b>Combined monthly income</b>		

Fill in this information to identify your case:

Debtor 1	<u>Isaac Arnold Sissell</u>
Debtor 2 (Spouse, if filing)	<u>Krista Ann Sissell</u>
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF MICHIGAN, GRAND RAPIDS DIVISION</u>	
Case number (If known)	<u>19-00970</u>

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?  No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Do not state the  
dependents names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Daughter</u>	<u>15</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Daughter</u>	<u>9</u>	
<u>Daughter</u>	<u>7</u>	
<u>Daughter</u>	<u>6</u>	
<u>Daughter</u>	<u>4</u>	

3. Do your expenses include  
expenses of people other than  
yourself and your dependents?

No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses	
4. \$	<u>750.00</u>

If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues

4a. \$	<u>0.00</u>
4b. \$	<u>0.00</u>
4c. \$	<u>0.00</u>
4d. \$	<u>0.00</u>

Debtor 1 Sissell, Isaac Arnold & Sissell, Krista Ann  
Debtor 2 \_\_\_\_\_

Case number (if known) 19-00970

5. Additional mortgage payments for your residence, such as home equity loans 5. \$ 0.00

Debtor 1 **Sissell, Isaac Arnold & Sissell, Krista Ann**  
Debtor 2 \_\_\_\_\_Case number (if known) **19-00970**

6. <b>Utilities:</b>	6a. Electricity, heat, natural gas	6a. \$ <b>250.00</b>
	6b. Water, sewer, garbage collection	6b. \$ <b>0.00</b>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <b>150.00</b>
	6d. Other. Specify: _____	6d. \$ <b>0.00</b>
7. <b>Food and housekeeping supplies</b>	7. \$ <b>500.00</b>	
8. <b>Childcare and children's education costs</b>	8. \$ <b>0.00</b>	
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <b>50.00</b>	
10. <b>Personal care products and services</b>	10. \$ <b>50.00</b>	
11. <b>Medical and dental expenses</b>	11. \$ <b>50.00</b>	
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <b>0.00</b>	
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <b>0.00</b>	
14. <b>Charitable contributions and religious donations</b>	14. \$ <b>0.00</b>	
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <b>0.00</b>	
15b. Health insurance	15b. \$ <b>0.00</b>	
15c. Vehicle insurance	15c. \$ <b>140.00</b>	
15d. Other insurance. Specify: _____	15d. \$ <b>0.00</b>	
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <b>0.00</b>	
17. <b>Installment or lease payments:</b>	17a. \$ <b>0.00</b>	
17b. Car payments for Vehicle 1	17b. \$ <b>0.00</b>	
17c. Car payments for Vehicle 2	17c. \$ <b>0.00</b>	
17d. Other. Specify: _____	17d. \$ <b>0.00</b>	
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <b>0.00</b>	
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <b>0.00</b>	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$ <b>0.00</b>	
20b. Real estate taxes	20b. \$ <b>0.00</b>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <b>0.00</b>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <b>0.00</b>	
20e. Homeowner's association or condominium dues	20e. \$ <b>0.00</b>	
21. <b>Other:</b> Specify: _____	21. +\$ <b>0.00</b>	
22. <b>Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$ <b>1,940.00</b>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <b>1,940.00</b>	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <b>1,943.61</b>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <b>1,940.00</b>	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <b>3.61</b>	
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	